

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

3975 Fair Ridge Dr.

Suite 400 North

☐ Check if different  
than previously  
reported. (ACC)

FAIRFAX

VA

22033

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00408435

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report(Q1)
- ☐ July 15  
Quarterly Report(Q2)
- ☐ October 15  
Quarterly Report(Q3)
- ☐ January 31  
Quarterly Report(YE)
- ☒ July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)  
(Non-Election  
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)  
(Non-Election  
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2007

through

06

30

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Larry Kaplan

Signature of Treasurer

Electronically Filed by Mr. Larry Kaplan

Date

09

26

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>Y Y Y Y 2007</span>		50625.19
(b) Cash on Hand at Beginning of Reporting Period .....	50625.19	
(c) Total Receipts (from Line 19) .....	35376.86	35376.86
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	86002.05	86002.05
7. Total Disbursements (from Line 31) .....	12602.27	12602.27
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	73399.78	73399.78
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	26375.00	26375.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	8990.00	8990.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	35365.00	35365.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	35365.00	35365.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	11.86	11.86
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	35376.86	35376.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	35376.86	35376.86

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		102.27	102.27
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡		102.27	102.27
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		12500.00	12500.00
24. Independent Expenditure (use Schedule E) .....		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs) .....		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		0.00	0.00
29. Other Disbursements.....		0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....		0.00	0.00
(ii) "Levin" Share .....		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		12602.27	12602.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		12602.27	12602.27

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	35365.00	35365.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	35365.00	35365.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	102.27	102.27
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	102.27	102.27

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 37

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Steven Amberson Mailing Address 300 Professional Drive City State Zip Code Scarborough ME 04074 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Spectrum Medical Group Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.5519 Amount of Each Receipt this Period 250.00	
<b>B.</b> Full Name (Last, First, Middle Initial) Zubin Balsara Mailing Address 8309 Canopy Oaks Drive City State Zip Code Ft. Smith AZ 72903 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Mercy Medical Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 6 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.5389 Amount of Each Receipt this Period 250.00	
<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Ricardo Barboza Mailing Address 4633 Kingston Court City State Zip Code Columbus OH 43220 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Ohio State University Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 8 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.5396 Amount of Each Receipt this Period 250.00	

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Merle Barth Mailing Address 12951 South Freeway City State Zip Code Houston TX 77047 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Methodist Hospital Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 2 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.5361 Amount of Each Receipt this Period 250.00
<b>B.</b> Full Name (Last, First, Middle Initial) Fernando Bayo Mailing Address 122 Winridge City State Zip Code Lagrange CA 30240 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Chattahoochee Valley Imaging Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 3 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.5485 Amount of Each Receipt this Period 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) Thomas Black Mailing Address 2251 E. Vina Del Mar Blvd. City State Zip Code Saint Petersburg FL 33706 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Tampa General Hospital Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.5517 Amount of Each Receipt this Period 500.00
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 8 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) David Boyd Mailing Address 1310 Sue Barnett Dr City State Zip Code Houston TX 77018 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Georgetown University Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 05 / 29 / 2007 <b>Transaction ID:</b> SA11A1.5446 Amount of Each Receipt this Period 250.00
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Stuart Braverman Mailing Address 232 Constance Ln. City State Zip Code Santa Barbara CA 93105 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Pueblo Radiology Medical Group Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 05 / 01 / 2007 <b>Transaction ID:</b> SA11A1.5357 Amount of Each Receipt this Period 500.00
<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Jan Brekke Mailing Address 1515 E Victor Hugo Ave City State Zip Code Phoenix AZ 85022 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Valley Radiologists Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 05 / 29 / 2007 <b>Transaction ID:</b> SA11A1.5450 Amount of Each Receipt this Period 250.00
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 37

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** Dr. John Briguglio

Mailing Address 555 N. Duke St.

City	State	Zip Code
Lancaster	PA	17602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lancaster General HospitalOccupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	1	/	2	0	0	7

Transaction ID: SA11A1.5478

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** Dr. Lynn Brody

Mailing Address 1275 York Avenue

City	State	Zip Code
New York	NY	10021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Memorial Sloan-Kettering  
CancerOccupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	9	/	2	0	0	7

Transaction ID: SA11A1.5535

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** Dr. Charles Burke

Mailing Address 245 Woodcreek Ct.

City	State	Zip Code
Chapel Hill	NC	27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of North Carol-  
inaOccupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	0	7

Transaction ID: SA11A1.5418

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Scott Burstein Mailing Address 4506 Oakwood Ave. City Downers Grove State IL Zip Code 60515 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Good Samaritan Hospital Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 4 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.5327 Amount of Each Receipt this Period 250.00
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. John Cardella Mailing Address 4200 E. 9th Avenue Box C276 City Denver State CO Zip Code 80262 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer University Of Colorado Health Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 2 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.5360 Amount of Each Receipt this Period 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Steven Citron Mailing Address 13 Ball Mill Place City Atlanta State GA Zip Code 30350 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Radiology Associates Of Atlant Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 5 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.5332 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Gregor Cleveland Mailing Address 3108 Oliver Rd City Timmonsville State SC Zip Code 29161 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer McLeod Regional Med. Ctr. Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 06 / 11 / 2007 <b>Transaction ID:</b> SA11A1.5501 Amount of Each Receipt this Period 250.00
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Timothy Close Mailing Address 862 Hampton Creek Way City Columbia State SC Zip Code 29209 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Richland Memorial Creek Way Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 06 / 14 / 2007 <b>Transaction ID:</b> SA11A1.5522 Amount of Each Receipt this Period 500.00
<b>C.</b> Full Name (Last, First, Middle Initial) Robert Davis Mailing Address 6575 Sunburst Drive City Portage State MI Zip Code 49024 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Advanced Radiological Services Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 05 / 14 / 2007 <b>Transaction ID:</b> SA11A1.5378 Amount of Each Receipt this Period 250.00
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 12 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)

Dr. William Deeter

Mailing Address 14 Ryedale Ct.

City State Zip Code  
 Greenville SC 29615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greenville Radiology, PA

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 9 / 2 0 0 7

Transaction ID: SA11A1.5376

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Dr. George Edmonson

Mailing Address 640 Jackson Street

City State Zip Code  
 St. Paul MN 55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Regions Hospital

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 3 / 2 0 0 7

Transaction ID: SA11A1.5429

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Dr. Steven Epstein

Mailing Address 7004 Blvd East  
 #32D

City State Zip Code  
 West New York NJ 07093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Barnabas Hospital

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 2 / 2 0 0 7

Transaction ID: SA11A1.5408

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) .....

800.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)

Christopher French

Mailing Address W171 N5445 Autumn View Ln

City State Zip Code  
Menomonee WI 53051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MILWAUKEE RADIOLOGISTS LT-  
D.

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.5547

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Dr. Victor Gaines

Mailing Address 14 Marion Way

City State Zip Code  
Lagrangeville NY 12540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DRA Imaging PC

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 0 7

Transaction ID: SA11A1.5495

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Dr. Gregg Gaylord

Mailing Address 1601 N. Taylor Dr.

City State Zip Code  
Sheboygan WI 53081

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Nicholas Hospital

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 7 / 2 0 0 7

Transaction ID: SA11A1.5442

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)

Dr. Mark Girard

Mailing Address 3 Crown Way

City State Zip Code  
 Marblehead MA 01945

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Shore Medical Center

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.5454

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Dr. Monte Golditch

Mailing Address 7 Broadmoor Ave.

City State Zip Code  
 Colorado Springs CO 80906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Memorial Hospital

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 8 / 2 0 0 7

Transaction ID: SA11A1.5530

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)

Dr. Justin Gooding

Mailing Address 4002 Vista Way

City State Zip Code  
 Oceanside CA 92056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
San Diego Vascular Institute

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 1 / 2 0 0 7

Transaction ID: SA11A1.5506

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1300.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Anthony Hein Mailing Address 25 Camden Place City State Zip Code Corpus Christi TX 78412 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Radiology&Imaging of South Tex Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.5346 Amount of Each Receipt this Period 300.00
<b>B.</b> Full Name (Last, First, Middle Initial) Brent Herbel Mailing Address PO Box 6341 City State Zip Code Grand Forks ND 58206 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Altru Hospital Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 4 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.5492 Amount of Each Receipt this Period 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Jeffrey Scott Hilger Mailing Address 3022 E. Ridge Dr. City State Zip Code Gibsonia PA 15044 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer The Washington Hospital Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 1 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.5404 Amount of Each Receipt this Period 250.00
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		800.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 37

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Samuel Hill Mailing Address 1860 Houndsfield Drive City State Zip Code Florence SC 29506 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer McLeod Regional Medical Center Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 1 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.5398 Amount of Each Receipt this Period 250.00	
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Jeffrey Hull Mailing Address 2651 Radnor PI City State Zip Code Midlothian VA 23113 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Chippenham Medical Center Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 7 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.5372 Amount of Each Receipt this Period 250.00	
<b>C.</b> Full Name (Last, First, Middle Initial) Mark Jacobson Mailing Address 801 E. Dixie Street City State Zip Code Leesburg FL 34748 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Lake Imaging Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 2 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.5297 Amount of Each Receipt this Period 500.00	

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** Dr. William Thomas Jacoby

Mailing Address 700 N. Dobson Road  
Unit 35

City State Zip Code  
Chandler AZ 85224

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Associated Radiologists

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 8 / 2 0 0 7

Transaction ID: SA11A1.5302

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** Dr. Benjamin Kassanoff

Mailing Address 12700 Park Central Dr.

City State Zip Code  
Dallas TX 75251

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medical City Dallas Hospi-  
tal

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 6 / 2 0 0 7

Transaction ID: SA11A1.5391

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** Dr. Chandra Katragadda

Mailing Address 3462 Ocean Dr

City State Zip Code  
Corpus Christi TX 78411

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Christus Spohn HospitalS

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 4 / 2 0 0 7

Transaction ID: SA11A1.5368

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 37

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)

Thomas Koonce

Mailing Address 9600 Lile Drive

City State Zip Code  
Little Rock AR 72205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Little Rock Hematology -  
Oncol

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 2 / 2 0 0 7

Transaction ID: SA11A1.5412

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Dr. Michael Korona

Mailing Address 118 Laurel Xing

City State Zip Code  
Huntington WV 25705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Inc.

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 0 7

Transaction ID: SA11A1.5545

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Dr. Katharine Krol

Mailing Address 8433 Harcourt Rd

City State Zip Code  
Indianapolis IN 46260

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Vincent Hospital

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.5462

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Thomas Loflin Mailing Address 2000A Southbridge Pkway City Birmingham State AL Zip Code 35209 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medical Center East Hospital Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 01 / 19 / 2007 <b>Transaction ID:</b> SA11A1.5309 Amount of Each Receipt this Period 250.00
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Shekher Maddineni Mailing Address 14 Walden Hill City Chappaqua State NY Zip Code 10514 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Westchester Medical Center Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 06 / 07 / 2007 <b>Transaction ID:</b> SA11A1.5496 Amount of Each Receipt this Period 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) Feroz Maqbool Mailing Address 425 N.W. 148 Terrace City Edmond State OK Zip Code 73013 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer University Of Oklahoma College Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 04 / 29 / 2007 <b>Transaction ID:</b> SA11A1.5347 Amount of Each Receipt this Period 250.00
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 37

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Timothy Maroney Mailing Address 206 Broad and Vine Sts. City Philadelphia State PA Zip Code 19102 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Hahnemann University Hospital Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 3 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.5365 Amount of Each Receipt this Period 1000.00
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Mylon Marshall Mailing Address 2201 Lassen Pl. City Davis State CA Zip Code 95616 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Radiological Associates of Sac Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 4 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.5326 Amount of Each Receipt this Period 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Terence Matalon Mailing Address 5501 Old York Rd City Philadelphia State PA Zip Code 19141 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Albert Einstein Medical Center Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 8 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.5531 Amount of Each Receipt this Period 250.00
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 37

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Vance McCollom Mailing Address 4300 W. Memorial Rd City State Zip Code Oklahoma City OK 73120 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Mercy Health Center Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 3 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.5423 Amount of Each Receipt this Period 225.00
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. John McGue Mailing Address 3768 W. Pawnee Dr. City State Zip Code LaPorte IN 46350 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer LaPorte Radiology Inc Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 6 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.5493 Amount of Each Receipt this Period 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) Dr. James Newcomb Mailing Address 1425 Princeton Ct. City State Zip Code Allentown PA 18104 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Lehigh Valley Hospital Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 2 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.5410 Amount of Each Receipt this Period 250.00
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		725.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 37

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Donald Ponec Mailing Address 7912 Corte Penca City State Zip Code Carlsbad CA 92009 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Tri-City Medical Center Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 2 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.5484 Amount of Each Receipt this Period 250.00
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. David Porter Mailing Address 1067 S. Gilpin St. City State Zip Code Denver CO 80209 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Radiology Imaging Associa- tes Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.5540 Amount of Each Receipt this Period 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Richard Price Mailing Address 13348 Old Winery Rd. City State Zip Code Poway CA 92064 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Palomar Medical Center Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 4 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.5323 Amount of Each Receipt this Period 250.00
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 37

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** Dr. Kenneth Robbins

Mailing Address 9601 Lile Dr  
Ste 1100

City State Zip Code  
Little Rock AR 72205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Consultants

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.5473

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** Dr. Michael Rosenberg

Mailing Address 4187 Amber Leaf Trail

City State Zip Code  
Saint Paul MN 55123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Paul Radiology

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.5468

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** Dr. David Sacks

Mailing Address 1317 Old Mill Rd.

City State Zip Code  
Reading PA 19610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Reading Hospital and  
Medic

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 7

Transaction ID: SA11A1.5536

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Shekhar Sane			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 1 / 2 0 0 7	
Mailing Address 2900 W. Oklahoma Ave.			<b>Transaction ID:</b> SA11A1.5503	
City State Zip Code Milwaukee WI 53215			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer St. Luke's Medical Center		Occupation doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Jeanne Schwartz			Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 1 / 2 0 0 7	
Mailing Address 77 Houston Place			<b>Transaction ID:</b> SA11A1.5305	
City State Zip Code Haworth NJ 07641			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer Morristown Memorial Hospital		Occupation doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Darryn Shaff			Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 4 / 2 0 0 7	
Mailing Address 3773 Penbrook Way			<b>Transaction ID:</b> SA11A1.5300	
City State Zip Code Allentown PA 18104			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer Lehigh Valley Hospital		Occupation doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** Sadashiv Shenoy

Mailing Address 4488 E. Overlook Dr

City State Zip Code  
 Williamsville NY 14221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Catholic Health Systems

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 1 / 2 0 0 7

Transaction ID: SA11A1.5507

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** Dr. Ezequiel Silva

Mailing Address 422 Normandy Ave

City State Zip Code  
 San Antonio TX 78209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Texas Radiology Gro-  
up

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.5527

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** Dr. Suzanne Slonim

Mailing Address 4435 Holland Avenue

City State Zip Code  
 Dallas TX 75219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Methodist Hospital Of Dal-  
las

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 1 / 2 0 0 7

Transaction ID: SA11A1.5358

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Steven J. Smith			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 1 / 2 0 0 7	
Mailing Address 1879 N. Burling			<b>Transaction ID:</b> SA11A1.5402	
City State Zip Code Chicago IL 60614			<b>Amount of Each Receipt this Period</b> 250.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer LaGrange Memorial Hospital		Occupation doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Eva Smorzaniuk			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 4 / 2 0 0 7	
Mailing Address 5140 Long Point Farm Dr			<b>Transaction ID:</b> SA11A1.5435	
City State Zip Code Oxford MD 21654			<b>Amount of Each Receipt this Period</b> 250.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer Memorial Hospital		Occupation doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Gregory Soares			Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 1 / 2 0 0 7	
Mailing Address 11 Robbins Drive			<b>Transaction ID:</b> SA11A1.5307	
City State Zip Code Barrington RI 02806			<b>Amount of Each Receipt this Period</b> 250.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer RI Vascular Institute		Occupation doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Oscar Sosa Mailing Address 6160 SW 92nd St. City State Zip Code Pinecrest FL 33516 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baptist Health Doctors Hospi- spita Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 7 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.5374 Amount of Each Receipt this Period 250.00	
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Michael Soulen Mailing Address 4135 Presidential Dr. City State Zip Code Lafayette PA 19444 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Hospital of the University of Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 0 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.5397 Amount of Each Receipt this Period 250.00	
<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Elizabeth Spencer Mailing Address 26555 N. 86th St. City State Zip Code Scottsdale AZ 85255 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Desert Endovascular Center and Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 2 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.5409 Amount of Each Receipt this Period 250.00	
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			750.00	
<b>TOTAL</b> This Period (last page this line number only) ..... ▶				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** Dr. James Spies

Mailing Address 3800 Reservoir Road, Nw  
Cg201

City State Zip Code  
Washington DC DC 20007

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Georgetown University Med-  
ical

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 7 / 2 0 0 7

Transaction ID: SA11A1.5371

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** Dr. Thomas St. Amour

Mailing Address 14116 Belle Pointe

City State Zip Code  
Little Rock AR 72212

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology Consultants

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 0 7

Transaction ID: SA11A1.5500

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** Dr. Daniel Stackhouse

Mailing Address 1820 Dilworth Rd. W

City State Zip Code  
Charlotte NC 28203

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
North East Medical Center

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 5 / 2 0 0 7

Transaction ID: SA11A1.5299

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Gideon Stritch Mailing Address 6042 Sierra Siena Rd City Irvine State CA Zip Code 92612 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Western Medical Center Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 7 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.5494 Amount of Each Receipt this Period 250.00
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Charles Tate Mailing Address 4725 N. Federal Highway City Fort Lauderdale State FL Zip Code 33308 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Holy Cross Hospital Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.5480 Amount of Each Receipt this Period 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Frank Taylor Mailing Address 3100 E Fletcher Ave City Tampa State FL Zip Code 33613 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer University Community Hospital Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 5 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.5336 Amount of Each Receipt this Period 1000.00
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 37

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. James Teal Mailing Address 2041 Georgia Ave. City Washington Dc State DC Zip Code 20060 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Howard University Hospital Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 3 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.5430 Amount of Each Receipt this Period 250.00
<b>B.</b> Full Name (Last, First, Middle Initial) DR. Thomas Thompson Mailing Address 35 Mason St. City Geneva State NY Zip Code 14456 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Geneva General Hospital Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 2 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.5512 Amount of Each Receipt this Period 500.00
<b>C.</b> Full Name (Last, First, Middle Initial) John Tomashek Mailing Address 1588 Horns Corner Rd City Cedarburg State WI Zip Code 53012 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Columbia St. Mary's Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 3 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.5427 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Saravanan Valliappan Mailing Address 206 N. Aleppo Ct City Litchfield Park State AZ Zip Code 85340 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Valley Radiologists Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt MM / DD / YYYY 06 / 22 / 2007 <b>Transaction ID:</b> SA11A1.5537 Amount of Each Receipt this Period 250.00
<b>B.</b> Full Name (Last, First, Middle Initial) Babu Vemuri Mailing Address 30645 Rosemond Drive City Franklin State MI Zip Code 48025 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer St. John Hospital & Medical Ce Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt MM / DD / YYYY 05 / 29 / 2007 <b>Transaction ID:</b> SA11A1.5459 Amount of Each Receipt this Period 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) Niksa Vlasic Mailing Address 707 Hoffman St City Elmira State NY Zip Code 14905 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Arnot Ogden Medical Center Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt MM / DD / YYYY 05 / 22 / 2007 <b>Transaction ID:</b> SA11A1.5416 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 37

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Arthur Waltman Mailing Address 34 Rangeley Rd City Winchester State MA Zip Code 01890 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Massachusetts General Hospital Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.5514 Amount of Each Receipt this Period 250.00
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Charles Yim Mailing Address 5 Castlewall Ct. City Lutherville Timoni State MD Zip Code 21093 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Advanced Radiology Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 4 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.5489 Amount of Each Receipt this Period 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Craig Yokley Mailing Address 108 North River Dr. City St. Augustine State FL Zip Code 32095 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Swedish Covenant Hospital Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 2 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.5294 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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or each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Craig Yokley Mailing Address 108 North River Dr. City State Zip Code St. Augustine FL 32095 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Swedish Covenant Hospital Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 9 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.5313 Amount of Each Receipt this Period 250.00
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Craig Yokley Mailing Address 108 North River Dr. City State Zip Code St. Augustine FL 32095 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Swedish Covenant Hospital Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00			Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 6 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.5290 Amount of Each Receipt this Period 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Craig Yokley Mailing Address 108 North River Dr. City State Zip Code St. Augustine FL 32095 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Swedish Covenant Hospital Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 9 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.5317 Amount of Each Receipt this Period 250.00
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Craig Yokley		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 7
Mailing Address 108 North River Dr.		
City St. Augustine	State FL	Zip Code 32095
FEC ID number of contributing federal political committee. C		<b>Transaction ID:</b> SA11A1.5344
Name of Employer Swedish Covenant Hospital		Amount of Each Receipt this Period 250.00
Occupation doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1250.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

26375.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

## **A. DEMOCRATIC NATIONAL COMMITTEE**

Mailing Address 430 SOUTH CAPITOL STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name  
DEMOCRATIC NATIONAL COMMITTEE

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.5578

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 1 / 1 7 / 2 0 0 7

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. FRIENDS OF CAROLYN MCCARTHY**

Mailing Address 151 Linden Road

City Mineola State NY Zip Code 11501

Purpose of Disbursement

Candidate Name  
FRIENDS OF CAROLYN MCCARTHY

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2007  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 04

Transaction ID: SB23.5560

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 4 / 1 8 / 2 0 0 7

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

## **C. FRIENDS OF JAY ROCKEFELLER**

Mailing Address PO BOX 1909

City CHARLESTON State WV Zip Code 25327

Purpose of Disbursement

Candidate Name  
FRIENDS OF JAY ROCKEFELLER

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2007  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WV District: 00

Transaction ID: SB23.5565

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 6 / 0 5 / 2 0 0 7

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JOE PITTS**

Mailing Address PO BOX 775

City  
Unionville

State  
PA

Zip Code  
19375

Purpose of Disbursement

Candidate Name  
FRIENDS OF JOE PITTS

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2007  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 16

Transaction ID: SB23.5562

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF MAX BAUCUS**

Mailing Address PO BOX 586

City  
HELENA

State  
MT

Zip Code  
59624

Purpose of Disbursement

Candidate Name  
FRIENDS OF MAX BAUCUS

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2007  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MT District: 00

Transaction ID: SB23.5558

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF MIKE FERGUSON**

Mailing Address c/o Ron Gravino P.O. Box 225

City  
Colonia

State  
NJ

Zip Code  
07067

Purpose of Disbursement

Candidate Name  
FRIENDS OF MIKE FERGUSON

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2007  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District: 07

Transaction ID: SB23.5564

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 37 / 37

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

## **A. JOHN D. DINGELL FOR CONGRESS COMMITTEE**

Mailing Address 607 14th Street N.W.  
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name  
JOHN D. DINGELL FOR CONGRESS COMMITTEE

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2007 ☐ Primary ☒ General ☐ Other (specify) ▼

State: MI District: 15

Transaction ID: SB23.5557

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 2 / 0 2 / 2 0 0 7

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. LOT OF PEOPLE FOR DAVE OBEY**

Mailing Address 525 WASHINGTON ST  
PO BOX 1322

City WAUSAU State WI Zip Code 54402

Purpose of Disbursement

Candidate Name  
LOT OF PEOPLE FOR DAVE OBEY

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2007 ☐ Primary ☒ General ☐ Other (specify) ▼

State: WI District: 07

Transaction ID: SB23.5556

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 2 / 0 2 / 2 0 0 7

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. MIKE ROSS FOR CONGRESS COMMITTEE**

Mailing Address PO Box 360

City Prescott State AR Zip Code 71857

Purpose of Disbursement

Candidate Name  
MIKE ROSS FOR CONGRESS COMMITTEE

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2007 ☐ Primary ☒ General ☐ Other (specify) ▼

State: AR District: 04

Transaction ID: SB23.5563

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 5 / 0 1 / 2 0 0 7

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

12500.00